

VENTRICULAR DYSRHYTHMIAS: VENTRICULAR TACHYCARDIA WITH A PULSE

ACTION/TREATMENT:

- ABCs/monitor cardiac rhythm.
- IV access, rate titrated to perfusion as needed.
- Treatment options:
 - **STABLE PATIENT** or following successful cardioversion or defibrillation of ventricular rhythms:

Adult

- Lidocaine: 1 or 1.5 mg/kg IVP
May repeat half the initial dose (0.5 or 0.75 mg/kg IVP) in 3-5 minutes.
Limit 150 mg/dose.
Maximum (total) dose 3 mg/kg.

Pediatric

- Lidocaine: 1.0 mg/kg IVP

- **UNSTABLE PATIENT** (hypotensive, shortness of breath, chest pain, altered LOC, shock, acute MI, pulmonary edema):

- Cardioversion:

	Monophasic:	Biphasic*:
Adult:	100J–200J–300J–360J.	50J–75J–120J–150J–200J
Pediatric:	0.5J/Kg–1J/Kg–2J/Kg–4J/Kg	1J/Kg–2J/Kg
- Premedication (if time and clinical condition permits):

Adult:	Midazolam	2 mg slow IVP (1 mg/min) age ≤ 60.
		1 mg slow IVP (1 mg/min) age > 60.

Pediatric:	Midazolam	1 mg slow IVP (1mg/min) in patients ≥ 20 kg.
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Notes:

- For hemodynamically unstable patients, use cardioversion before antiarrhythmia therapy.
- If “synch” mode does not work, (*e.g.*, wide complex ventricular tachycardia), defibrillate at same energy level.
- *Cardioversion energy levels vary according to the type of waveform (monophasic or biphasic). Follow manufacturer’s recommendations. If none listed, utilize energy levels as noted above.
- Documentation should indicate if monophasic or biphasic energy was used and the amount of Joules administered.
- When cardioverting pediatric patients:
 - Patients younger than 1 year/10 Kg weight: use “infant” paddles on patients.
 - Patients > 1 year/10 Kg: use adult paddles and the anterior/posterior placement.
- If AICD discharge ≥ 2 firings or unstable (loss of consciousness, poor vitals signs, or recurrent ventricular arrhythmia) after AICD discharge, consider lidocaine.

Shaded text indicates BH order

Unshaded text indicates standing order

Approved:

TxGuide:cardiac:c-40
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